File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Reset Form

FOR INSTRUCTIONS. SEE BACK OF FORM

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2008 JAN 2. C.5 100
AN 9. 25 Des Moines, Iowa 50319 Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** ORNER FOR COUNCIL ELECTION COMMITTEE DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 07/2007) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # **CANDIDATE COMMITTEES ONLY:** Logged In Candidate Name Political Party (if applicable) Scanned HOLNER SR. Computer Office Sough District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a SIGNATURE OF PERSON FILING REPORT **TELEPHONE DATE SIGNED** IAMFILINGA FINAL REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # (report date) ☐CHECK IF AMENDMENT TO REPORT DATED _____ Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 280.64 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 280.91 SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 280.91 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES ____NO **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

| For | Instruc | tions, | See | Back | of | Form |
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| Reset Form | SCHEDULE | ľ | | |
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| | A (Rev. 07/03) | MONETARY RECEIPTS | | |
| | CHECK THIS BOX IF AMENDING FORM | | | |

COMMITTEE NAME (Must be same as on Statement of Organization)

HOLNELFOR COUNCIL ELECTION COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER |
|--------------------------------|---|---|--|--------------------|-----------------------------|
| OCTUBER. | ID# | MEMBERS CHOICE | | | INCOME |
| 31,2007 | CK# | COMMUNITY CREDIT UNION 1116 50. 1495, IAS 2732 MEMBERS CHOKE COMMUNITY CLEDITUNION 1116 SO. 1495T. | NA | \$. 19 | |
| NOVEMBER | ID# | MEMBERS CHOICE COMMUNITY | 1 | | |
| 30,2067 | CK# | CLEDITUNION IIIU SO. 14th ST. CLINTON, IAS 2732 | NA | #-08 | |
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| | CK# | | | | |
| | | 1 | SUB-TOTAL | | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of___

TOTAL (if last page of this schedule)

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE R | MONETARY |
|--------------|--------------------------|
| (Rev. 07/03) | MONETARY EXPENDITURES |
| CHEC | CK THIS BOX IF |

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

| DATE EXPENDED | ID NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|------------------|---|---|-----------------------------------|--------------------|
| (MM/DD/YR) | (if applicable) AND PAC CHECK NUMBER | (Disbursement) WAS MADE | | |
| NOVEM BE | ID# | CLINTON HERALD | NEWSPAPER AD | |
| 2,2007 | CK# 1003 | 221 6Th AUE, SO; CLINTON, IA. 5273 2 | | \$ 88.06 |
| NOVEMAL | LID# | CLINTONCOUNTY AUDITOR | VOTER LIST | |
| 2,2007 | CK# 1004 | ADMIN BODG. CLINTON, IA. 52732 | VOTER EIST | \$4.00 |
| DECEMBER | ID# | HOWARD KEEFER. | GAS-PERSONAL | |
| 14,2007 | CK# 1005 | CLINTON, TA, 52732 | VEHICLE | \$50.00 |
| DECEMBER | ID# | OFFICE MAX | OFFICE SUPPLIES: | |
| 16,2007 | CK# 1005 | 2808 SO. 25th ST. CLINTON, IA, 52732 | COPIERINK | #75.92 |
| DECEMBER | ID# | CLINTON LABORCONGERS | C.O. P.E. FUND | 11 |
| 16,2007 | CK#/006 | P.O. BOX 461 CLINTON, IA, 52732 | | \$6293 |
| | ID# | CHOICK, DAISE 13 E | | |
| · | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | · | | |

TOTAL (if last page of this schedule) \$ 2.

SUB-TOTAL

280.91

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

| _ | , | _ | <u>:</u> |
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